

MUNICIPALITY _____ COUNTY _____

Commercial Application

Tracking # _____

Permit # _____

Uniform Construction Code (UCC)

APPLICATION FOR BUILDING PERMIT

Application Type	<input type="checkbox"/> Accessibility <u>ONLY</u> Review	<input type="checkbox"/> Addition
	<input type="checkbox"/> Alteration or Renovation	<input type="checkbox"/> New Building
	<input type="checkbox"/> New Structure/Facility	<input type="checkbox"/> Phase Approval
	<input type="checkbox"/> Plan Revision or Partial Occupancy Request	<input type="checkbox"/> Unapproved Existing Building

Use/Occupancy Classification Check box to <i>left</i> of applicable group (Check all that apply.)	<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5	<input type="checkbox"/> B	<input type="checkbox"/> E
	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2	<input type="checkbox"/> H-1	<input type="checkbox"/> H-2	<input type="checkbox"/> H-3	<input type="checkbox"/> H-4	<input type="checkbox"/> H-5
	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	<input type="checkbox"/> I-4	<input type="checkbox"/> M	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2
	<input type="checkbox"/> R-3 Adult Care	<input type="checkbox"/> R-3	<input type="checkbox"/> R-4	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2	<input type="checkbox"/> U	

Site Information	Municipality: _____
Project Name: _____	
Street #, City, State, Zip: _____	

Special Requirements & Documentation	Check each block below indicating that all of the following will be submitted with this application:	
	<input type="checkbox"/> Three (3) site plans	<input type="checkbox"/> Three (3) complete sets of construction drawings
	<input type="checkbox"/> One (1) complete copy of the UCC-2 PLAN REVIEW CHECK LIST	
	<input type="checkbox"/> One (1) set of specifications (only if Addition, Alteration, New Building or New Structure/Facility)	

Does this construction involve modular units built in a factory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, submit 1 copy of a letter from a licensed design professional certifying that construction within the modular units (or the fully assembled modular building) and hidden from view will fully comply with all requirements of the UCC.
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Is this construction regulated by the Health Care Facilities Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, submit 1 copy of approval letter from the Pennsylvania Department of Health.
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Is this construction exempt from energy code requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, submit 1 copy of letter indicating that the building or structure will use neither electricity nor fossil fuels, and thus is exempt per ASHRAE 90.1, S 2.3(B) If no, submit 1 copy of the COMcheck-EZ Certificate of the UCC-14 ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT.
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Is project in flood hazard area? ☐ Yes ☐ No

If yes, submit 1 copy of one of the flood hazard certifications mandated in section 1612.5 of the International Building Code.

Are any of the International Building Code (chapter 17) special inspection or structural observations required? ☐ Yes ☐ No

If yes, submit 1 copy of the UCC-6 SPECIAL INSPECTIONS OBSERVATIONS STATEMENT.

Will an alternative construction method or material be used on this project? ☐ Yes ☐ No

If yes, submit a signed statement indicating that the proposed method or material meets the Requirements of 34 PA Code S 403.44.

Is this application for phased ☐ Yes ☐ No

If yes, submit a letter signed by the design professional approval and owner acknowledging that the issuance of a permit for phased construction provides no assurance that the Municipality will grant approval of any UCC permits needed to complete the construction, and that the design professional and owner will ensure that the building/structure fully complies with all UCC requirements before occupancy.

Project Data

Lot Number

Block Number

Minimum setbacks required by municipal zoning ordinance (*in feet*)

Front

Rear

Right Side

Left Side

Sq. Ft. of conditioned space

Sq. Ft. of unconditioned space

Number of stories above grade

Does it have a basement? ☐ Yes ☐ No

Floor area of new construction (sq.ft.)

Floor area renovated (sq.ft.)

Floor area of addition (sq.ft.)

Total floor area (sq.ft.)

of multi-family dwelling units

of accessible dwelling units

Type(s) of construction per Chapter 6 of the International Building Code (check all that apply):

☐ IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ III ☐ IV ☐ VA ☐ VB

Fire suppression: ☐ Full ☐ Partial ☐ None

If application applies to an existing building that is "legally occupied", indicate permits held:

Municipal Occupancy Permit #

Fire and Panic Occupancy Permit File #

L&I UCC Municipal Occupancy Permit #

Certificate of Occupancy File #

<p>If "legally occupied," you must select the code under which the building will comply (<i>choose only one</i>)</p> <p> <input type="checkbox"/> International Existing Building Code <input type="checkbox"/> Chap. 34, International Building Code </p> <p>Electric Power Provider _____ Job # _____</p> <p>Gas Provider _____</p>			
<p>Design Professional in Responsible Charge: (<i>Seal Must be in Space to Right of Name</i>)</p> <p>Name _____</p> <p>Address _____</p> <p>Pa. License Number _____</p> <p>E-Mail _____</p> <p>Phone # _____</p> <p>Fax # _____</p>			
<p>Owner Information</p>		<p>Owner Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____ Code _____</p> <p>Phone # _____</p>	
<p>Deferred: If you are not submitting plans and other documentation for any of the items listed below Submissions with this application, check the appropriate box below and indicate this on the first page of each building plan set.</p> <p> <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Truss Shop Drawings (certified) <input type="checkbox"/> Sprinkler System </p>			
<p>Applicant's Certification: As owner or authorized agent of the project for which this application is filed, I certify that:</p> <ol style="list-style-type: none"> 1. The estimated construction cost and all other information provided as part of this application for a building permit is correct. 2. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from the Municipality. 3. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401 – 405. 4. Any changes to the approved documents will be filed with the Municipality. 5. If the licensed architect or engineer in reasonable charge of this construction should change, written notice of the change will be provided to the Municipality. 6. When required, up to 20% of the total cost of any work performed on any area of primary function in an existing building will be expected to provide an accessible route to the area of primary function. 7. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405. <p>TOTAL BUILDING COST: _____</p> <p>Applicant's Name: _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone # _____</p> <p>Total cost of Job _____</p> <p>Applicant Signature(s) _____ Date _____ : _____</p> <p style="text-align: right;">mm/dd/yyyy</p>			